JUN - 1 2000

K994116

510(k) SUMMARY **AESCULAP-MEDITEC GMBH** LASER SYSTEM MeDioStar H WITH AND WITHOUT COOLING SYSTEM FOR SKIN

This 510(k) summary of safety and effectiveness for the AESCULAP-MEDITEC GMBH Laser System MeDioStar H with and without skin cooling system is submitted in accordance with the requirements of SDMA 1990 and follows Office of Device Evaluation Guidance concerning the organization and content of a 510(k) summary.

Applicant:

AESCULAP-MEDITEC GMBH

Address:

Prussingstrasse 41 07739 Jena, Germany

Contact Person:

Dr. Dirk Colditz

Quality Management Representative

Phone:

+49 3641 65 3453

Fax:

+49 3641 65 3815

e-mail:

ctz@aesculap.meditec.com

Preparation date: March 1999

Device name:

system)

Laser System MeDioStar H (with and without skin cooling

Common Name:

MeDioStar H

(without skin cooling system)

MeDioStar HC

(with skin cooling system)

Classification

Name:

Laser surgical instrument for use in general and plastic surgery

and in dermatology (21 CFR 878.4810)

Product code: GEX - Laser instrument, surgical, powered

Panel: 79

Legally marketed:

Coherent / Palomar - LightSheer (K982940)

LASERSCOPE - Lyra (K990903)

Candela - CANDELA GENTLELASE II DERMATOLOGICAL

LASER (K984601)

Description:

The laser system MeDioStar H operates as a pulsed diode laser

which emits a beam of coherent light at 808 nanometers.

Intended Use:

The laser system MeDioStar H is intended to remove unwanted

body hair and vascular lesions.

Comparison to:

The specifications of the MeDioStar are the same as or

very similar to those of legally marketed lasers such as the

Coherent / Palomar - LightSheer (K982940), the

LASERSCOPE - Lyra (K990903) and the Candela - CANDELA GENTLELASE II DERMATOLOGICAL LASER (K984601)

Performance data: None. The specifications and intended uses of the laser system

MeDioStar H are the same or very similar to those of claimed

predicate devices.

Because of this, performance data were not required.

CONCLUSION: The MeDioStar H is substantially equivalent to legally marketed

devices.



JUN - 1 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. William Kelley Aesculap-Meditec North American 2525 McGaw Avenue Irvine, California 92623

Re:

K994116

Trade Name: Laser System MeDioStar H With and Without Skin Cooling System

Laser System MeDioStar With and Without Skin Cooling System

Regulatory Class: II Product Code: GEX Dated: February 21, 2000 Received: March 7, 2000

Dear Mr. Kelley:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

Page 2 - Mr. William Kelley

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D. Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Donne R. Vochmer

Enclosure

INDICATIONS FOR USE STATEMENT

510(k) Number (if known): <u> </u>
Device Name: <u>Laser System MeDioStar H with and without skin cooling system</u>
Indication For USE Statement:
The laser system MeDioStar H (with and without skin cooling system) is intended to remove unwanted body hair and vascular lesions.
The laser system MeDioStar H is restricted to sale to or use by licensed professionals in the United States.
(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED) Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use OR Over-The-Counter Use(Per 21 CFR 801 109)
Division Sign-Off) Division of General Restorative Devices 510(k) Number K99416